

## CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Democratic Legislative Caucus  
 Name (print) 2251 N. Rampart #341 Las Vegas, NV 89128 Office (if applicable)  
 District (if applicable) 702 737 8483  
 Mailing Address (include city and zip code) Telephone No.

E-Mail Address

Select Appropriate Box(es)

☐ CANDIDATE ☒ PAC ☐ POL PRY ☐ IND EXP ☐ NONPROFIT CORP  
☐ LEGAL DEFENSE FUND ☐ AMENDED ☐ LOCAL BAG

- ☐ **Annual Filing - Due January 15, 2010**  
 Period: January 1, 2009 - December 31, 2009
- ☐ **Report #1 - Due June 1, 2010\***  
 Period: Jan. 1, 2010 - May 27, 2010
- ☒ **Report #2 Due - October 26, 2010\***  
 Period: May 28, 2010 - Oct. 21, 2010
- ☐ **Report #3 Due - January 15, 2011\*\***  
 Period: Oct. 22, 2010 - Dec. 31, 2010
- ☐ **Annual Filing - Due January 15, 2011**  
 Period: January 1, 2010 - December 31, 2010

FOR OFFICE USE ONLY

\* These Reports are filed by incumbents/candidates in the 2010 election cycle

\*\* Third Report suffices for 2011 Annual Filing if candidate also filed Report Nos. 1 and 2

## CONTRIBUTIONS SUMMARY

1. Total Monetary Contributions Received in Excess of \$100  
 (See page 1 of instruction sheet)
2. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)
3. Total Monetary Contributions in the form of loans that were forgiven  
 (See page 2 of instruction sheet)

This Period

Cumulative  
From Beginning of  
Report Period #1  
through End of  
This Reporting  
Period

0	0
0	0
0	0

This Period

Cumulative From  
Beginning of  
Report Period #1  
Through End of  
This Reporting  
Period

4. **Total Amount of Monetary Contributions Received**  
 (Add Lines 1 through 3) (See page 2 of instruction sheet)
5. **Total Amount of Written Commitments for Contributions** (When commitment is funded, report as contribution (monetary or in kind))  
 (See page 2 of instruction sheet)
6. **Total Value of In Kind Contributions Received in Excess of \$100** (See page 2 of instruction sheet)

0	0
0	0

0	0
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## EXPENSES SUMMARY

7. **Total Monetary Expenses Paid in Excess of \$100**  
 (See page 2 of instruction sheet)
8. **Total Value of In Kind Expenses in Excess of \$100** (See page 3 of instruction sheet)

0	0
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0	0
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AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature

Date



## CAMPAIGN CONTRIBUTIONS

Report Period **#2**Democratic Legislative Caucus

Name (print)

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100  
Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 <sup>RD</sup> PARTY IF LOAN GUARANTEED BY 3 <sup>RD</sup> PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR
None					

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## Report Period #2

Democratic Legislative Caucus

District (if applicable)

[illegible]

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## CAMPAIGN EXPENSES

Report Period # 2Name (print) Democratic Legislative Caucus

Office (if applicable)

District (if applicable)

## Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J

**\*\* NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**



## CAMPAIGN EXPENSES

Report Period # 2Name (print) Democratic Legislative Caucus

Office (if applicable)

District (if applicable)

## Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 7 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
<u>None</u>			

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## IN KIND CONTRIBUTIONS AND EXPENSES REPORT

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**IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.**

*In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.*

**The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)**

**Examples of in kind contributions:** (1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.

**Example of in kind expenses:** (1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.



**IN KIND CAMPAIGN  
CONTRIBUTIONS**

Report Period # 2

Name (print) Democratic Legislative Caucus

Office (if applicable)

District (if applicable)

**IN KIND**

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100  
Transfer Total Value of All In-Kind Campaign Contributions to Line 6 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRI- BUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION/ COMMITMENT	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 <sup>RD</sup> PARTY IF LOAN GUARANTEED BY 3 <sup>RD</sup> PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN
<u>None</u>						

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## Report Period # 2

**In Kind Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100**  
**Transfer Total Amount of All Written Commitments to Line 5 of Contributions Summary**

[illegible]

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**IN KIND CAMPAIGN  
EXPENSES**

Report Period # 2

Name (print) Democratic Legislative Caucus

Office (if applicable)

District (if applicable)

**IN KIND**

**Expenses in Excess of \$100**

Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
None			

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Prescribed by Secretary of State  
NRS 294A.120, 294A.125,  
294A.140, 294A.150, 294A.160  
294A.200, 294A.210, 294A.220, 294A.362